

FI Stop payment request

Consumer Name: _____ Consumer Number: _____

Requested by: Surrogate Consumer PCA Phone Number: _____

PCA Name: _____

Payroll Period: _____

Check Number: _____

Mail to this address

Reason for stop payment (Select only one):

Check never received

Check was stolen

Check accidentally destroyed Check was lost/ misplaced

Other -----

I UNDERSTAND THAT IF THIS CHECK IS CASHED BY MY PCA I WILL BE LIABLE FOR FULL REINBURSEMENT OF THE SUM PAID AND ANY EXPENSES INCURRED.

Consumer/PCA/Surrogate's Signature: _____ Date: _____

Please forward completed form to: Mail: Northeast Arc (attention: Accounts Payable)
1 Southside Road, Danvers, MA 01923

Fax: 978-910-0286